PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. nt to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/697,525 Application Number **TRANSMITTAL** Filing Date 10/30/2003 For FY 2005 Ingo KONETZKI First Named Inventor HENLEY III, R.J. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1614 Art Unit (\$)120.00TOTAL AMOUNT OF PAYMENT Attorney Docket No. 1/1418 METHOD OF PAYMENT (check all that apply) None Check Credit Card Money Order Other (please identify): Deposit Account Name: Boehringer Ingelheim Corporation Deposit Account Deposit Account Number: 02-2955 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ✔ Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) ✔ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) 300 200 100 Utility 150 500 250 200 130 100 100 65 Design 50 200 300 160 80 Plant 100 150 300 500 600 300 150 250 Reissue Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims Multiple Dependent Claims **Extra Claims** Fee Paid (\$) **Total Claims** x 50.00 - 20 or HP = Fee (\$) Fee Paid (\$) 360.00 HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) - 3 or HP = 200.00

HP = highest number of indepe	endent claims paid for, if	greater trian 5							
3. APPLICATION SIZE	FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets		h additional 50 or fr		Fee (\$)	Fee Paid (\$)			
- 100 =	/50	=	_ (round up to a who	le number) x	250.00	_=			
4. OTHER FEE(S)						Fees Paid (\$)			

Non-English Specification, \$130 fee (no small entity discount)

Other: One Month Extension 120.00

SUBMITTED BY				
Signature	allmalf	Registration No. 54,859 (Attorney/Agent)	Telephone 203-798-4816	
Name (Print/Ty	pe) Andrea D. Small	Date October 20, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.